

**Indiana University School of Dentistry  
State Board Instrument Rental Form**

Candidate Name: \_\_\_\_\_ Candidate # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone : (    ) \_\_\_\_\_ - \_\_\_\_\_

Instrument rental fee: **\$200.00 (includes handpieces)**

Please check instruments that you will require:

\_\_\_\_\_ Full instrument set

\_\_\_\_\_ Perio instruments only

\_\_\_\_\_ Operative/Denture instruments only

Rental fees must be paid by cashiers check or money order. Please send your check to: IUSD  
1121 W. Michigan St. Indianapolis, Indiana 46202; attention Michelle Farris, Room DS105.

Any questions please contact Chris Freeman at 317-274-2749 or by email @ [cfreema@iupui.edu](mailto:cfreema@iupui.edu)  
or Deb Stewart 317-274-5448 and copy to Deb Stewart [dastewar@iupui.edu](mailto:dastewar@iupui.edu).

Paid by: Cashiers check \_\_\_\_\_ Money order \_\_\_\_\_

**Please note: If dental instruments are damaged or not returned by the candidate by 5:00 p.m.  
on June 10<sup>th</sup> or 12<sup>th</sup>, 2005, your State Board license will be withheld until the items are returned.  
If instruments and/or handpieces are lost you must pay cost of replacement.**

By signing below, the candidate confirms that he/she has read this Rental Form and  
understands his/her responsibility as to the instruments supplied by Indiana University School  
of Dentistry.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**Administrative Use Only**

**Indiana University School of Dentistry**

\_\_\_\_\_ Instruments returned in full

\_\_\_\_\_  
Staff initial

\_\_\_\_\_  
Signature of candidate/assistant

**June, 2005**